

**LOUISIANA DEPARTMENT OF EDUCATION  
SCHOOL FOOD SERVICE SECTION  
PROTOTYPE – DIET PRESCRIPTION FOR MEALS AT SCHOOL**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade/Classroom \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
(Street or P. O. Box)

City \_\_\_\_\_ State \_\_\_\_\_

Does the student have a disability that requires a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, describe the major life activities affected by the disability.  
(See back of form for further information.)

\_\_\_\_\_  
If the student is not disabled, list the medical condition that requires special nutritional or feeding needs.

Diet Prescription (Check all that apply.):

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Diabetic     | <input type="checkbox"/> Increased Calorie _____ #kcal |
| <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Reduced Calorie _____ #kcal   |
| <input type="checkbox"/> Hypoglycemic | <input type="checkbox"/> Texture Modification          |
| <input type="checkbox"/> PKU          | Chopped _____ Ground _____                             |
| <input type="checkbox"/> Other _____  | Pureed _____ Liquified _____                           |
|                                       | <input type="checkbox"/> Tube Feeding                  |
|                                       | Liquified Meal _____ Formula _____                     |

**Foods Omitted and Substitutions**

(Please check food groups to be omitted. Identify specific foods to omit and list foods to be substituted. If necessary, attach additional information or instructions regarding the diet or feeding.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Food Groups to Omit       | <input type="checkbox"/> Meat and Meat Alternatives | <input type="checkbox"/> Milk and Milk Products |
| <input type="checkbox"/> Bread and Cereal Products | <input type="checkbox"/> Fruits and Vegetables      |   |

Specific Foods to Omit

Specific Foods to Substitute

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that the above named student needs special school meals prepared as described above because of the student's disability or chronic medical condition.

Office Address \_\_\_\_\_ Office Telephone # (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
¹Licensed Physician/Recognized Medical Authority Signature

\_\_\_\_\_  
Date

¹Signature of Licensed Physician required if the student is disabled.

## Definition of Disability

### Definitions

As used in this part, the term or phrase:

**(i) *Student with disabilities*** means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

**(j) *Physical or mental impairment*** means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term *physical or mental impairment* includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.

**(k) *Major life activities*** means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

**Fax completed form to attention of Kathy Hattaway or Debra Efferson at (225) 906-4154.**

**E-mail completed form to attention of Kathy Hattaway, [khattaway@centralcss.org](mailto:khattaway@centralcss.org) or Debra Efferson, [defferson@centralcss.org](mailto:defferson@centralcss.org) .**